

<b>Case Number:</b>	CM13-0021823		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	08/29/2000
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented former [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 29, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; and at least one prior epidural steroid injection on July 18, 2012, per the claims administrator. In utilization review reports of August 9, 2013 and August 12, 2013, the claims administrator denied a request for an L5-S1 and S1-S2 epidural steroid injection. An earlier progress note of August 8, 2013 is notable for comments that the applicant's activity level is unchanged. The applicant remains on Oxycodone and Klonopin. The applicant is obese with a BMI of 35, exhibits limited lumbar range of motion, and right lower extremity strength which is score at 5-/5 to 5/5. The medical records indicate that the applicant straight leg raising is positive bilaterally, and is able to walk up to a quarter mile. The applicant has not returned back to work. The applicant is asked to pursue an epidural steroid injection. Later notes of September 5, 2013 and September 10, 2013 are also notable for conditions being unchanged in terms of activity level and work status and that the patient is taking four Oxycodone a day as opposed to six Oxycodone a day.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**1 bilateral transforaminal epidural steroid injection at L5-S1 and S1-S2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criterion for continuation of epidural steroid injection therapy is evidence of functional improvement effected through prior epidural injections. In this case, the employee has had one prior epidural steroid injection in 2012. There is no clear evidence of functional improvement following completion of the same. The applicant has failed to return to any form of work and work status and work restrictions are unchanged from visit to visit. The applicant continues to remain reliant on a short-acting opioid, Oxycodone, at a rate of four to six tablets a day. All of the above, taken together, indicates a lack of functional improvement following completion of a prior injection. Performing a repeat injection therapy in this context is not indicated. The request for 1 bilateral transforaminal epidural steroid injection at L5-S1 and S1-S2 is not medically necessary and appropriate.